

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

39908

State File No.

FILED JAN 2 1950

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1449</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>61 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs. Pettet Nursing Home.</u>				d. STREET ADDRESS (If rural, give location) <u>515 N. 4th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Welch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 25, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 31, 1882</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Rice County, Kansas.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Charles Goeking</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Niesouse</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Welch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Lovell</u> ADDRESS <u>St. Joseph, Missouri.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriolosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriolosclerosis</u>				Unknown			
DUE TO (c) <u>XXXXXXX</u>				XXXXX			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXX</u>				XXXXX			
19a. DATE OF OPERATION <u>XXXXXXXXXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXX</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXXX 332X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXX</u> m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXXXX</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 12</u> , 19 <u>50</u> , to <u>Dec. 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 18</u> , 1950, and that death occurred at <u>3:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clement J. Schneider</u>				23b. ADDRESS <u>Schneider Building</u>		23c. DATE SIGNED <u>12-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Dec 28, 1950</u>		44-6		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stallens Meierhoffer</u>		ADDRESS <u>St. Joseph, Mo</u>	

(License of Funeral Director on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *****

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

*** **

Signed

Robert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.